

City of Menomonie

APPLICATION FOR THE SALE OF FIREWORKS

Date of application: _____

License expires: December 31, 200__.

Full name applicant: _____
(First) (Middle) (Last)

Address of applicant: _____

Date of birth: Month:_____ Day:_____ Year: _____

Telephone number: _____-_____-_____

Location of sale of fireworks (Business name): _____

Business address: _____

Firework Sales (location) - please circle one: Inside building Outside in parking lot area

Date when fireworks display will be ready for inspection: _____

Note: Applicant - must call the fire department at 715-232-2414 for an inspection of the fireworks display and delivery of your permit.

A certificate of liability insurance must be attached to this application: Attached: Yes / No

Applicant's Signature

FEE: \$25.00

Account # - 01.43410

RECEIPT #_____

Date _____

Copies to: Police Chief, Fire Chief, Building Inspector, Health Officer - date: _____

(All regulations subject to §167.10 (1), (2), (3), (4), (6), (7), and (8) Wisconsin Statutes; and §167.10 (1) (f), (i), (j), (k), (l), (m), and (n), Wisconsin Statutes.